

4th Annual Susquehanna Youth Wrestling Tournament

Date: February 28th 2015

Place: Susquehanna Community High School (3192 Turnpike Street
Susquehanna PA) ****This is a Non-Smoking Campus & will be enforced.****

Time: 9:00 AM Start - Check Ins 7:00-8:00 am

Entry Fee: \$25.00 - limited to the first 250 wrestlers

Application Deadline: All registration forms must be received by February 24th
They must be postmarked by no later than February 20th

Age Divisions: 6 & under 7 & 8 9 & 10 11 & 12

Age as of February 28th 2015 (proof of age required if requested)

Weight Classes: Each weight class is made up of 4 to 6 wrestlers whose actual weights are closest to each other, taking into account years experience and last years record. Coaches must do their own weigh ins. Wrestler's weight may be challenged prior to the ending of the first round of wrestling for a fee of \$20. Both wrestler must weigh in. If you win the challenge you will get your money back and wrestler will be disqualified without refund if they are over. Wrestler must be within 2 pounds of listed weight. No refunds if challenge failed.

Rules: *PIAA, Bout length 1-1-1(minute)

*Tournament Director reserves the right to eliminate or combine any groups where they deem appropriate.

*Wrestlers may only compete in one division

*Singlets preferred no loose clothing

Criteria for 1st-6th place

1 –win/loss record 2 –head to head winner 3 –# of pins 4 –total points

5 –total takedowns

Awards: 1st -3rd trophies 4th - 6th Medals

Admissions: Adults \$3.00 Students \$1.00 Preschool Free All coaches must pay

Food: Available throughout the day

Information: Dennis Gow Jr - Tournament Director (570)853-4731

email –susquehannayouthwrestling@echoes.net

Mail Entries to: Dennis Gow Jr 192 Washington Street Susquehanna PA 18847

Make checks Payable to: SCSD

I certify that the information below is correct and that the participant is covered by either school insurance or a family health plan. I hereby release any and all rights and claims for damage I may have against the Susquehanna Youth Wrestling Club, Susquehanna Community School District, employees, the tournament officials, coaches, referees, & any sponsoring bodies from any liability or any injury or loss suffered by me or my wrestler directly or indirectly as a result of this tournament.

Name: _____ Birth Date: _____

Division: _____ Age: _____ Actual Weight _____

Address: _____ State: _____ Zip Code: _____

Phone: _____ School/Club: _____

Last Year's Record: Wins _____ Losses _____ Years Exp: _____

Past Honors _____

Parent's Signature: _____ Date: _____